Honoraria SOP

Ref: NAVPGSCOLINST 7200.1G

Enclosures: (1) Payments to Visiting Lecturers/Panelists Memorandum

(2) SF 1034/Public Voucher For Purchases and Services Other

Than Personal

(3) Electronic Funds Transfer (EFT)

BACKGROUND:

Honorarium – a procedure for the authorization of payment of a fee for service rendered by a lecturer/panelist. Honoraria are intended for one-time events only.

POLICY:

Honoraria are to be paid to guest lecturers employed in the private sector. They may NOT be paid to Military Service Members or federal civilian employees. Military and federal civilian guest lecturers will receive only travel and per diem payments in accordance with the Joint Travel Regulations (JTR) for providing a Visiting Lecture.

Honoraria for multiple day events (more than two days) should be used only in exceptional circumstances. Generally, payment for multiple day events should be made through a technical service contract (Fleet and Industrial Support Center (FISC), San Diego). A technical service contract should also be used if a department is using an individual more than once for the purpose of providing Visiting Lectures.

Honoraria shall NOT be used to defray travel expenses. These expenses shall be paid via an Invitational Travel Order (ITO).

<u>Using Honoraria as payments for consulting and/or work and services is prohibited.</u>

No individual will commit a fee or expenses to a guest lecturer without prior authorization from a member of the staff having control of funds for this purpose.

Honorarium fees in excess of \$500.00 are to be approved by the appropriate division dean at the Naval Postgraduate School (NPS). Fees above \$1,000.00 per

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day or total exceeding \$1,250.00 require the concurrence of the Superintendent or Deputy Superintendent.

PROCEDURES:

The admin support person should submit a request for an Honorarium via email or memo by use of the "Payments to Visiting Lecturers/Panelists Memorandum" See Enclosure 1. This request for honoraria will be authorized and submitted to the Comptroller on or within 5 working days of the date the service is performed. Honoraria submitted after this time could be considered an "Unauthorized Commitment" and would be processed as such.

- **1.** The NPS Sponsor must provide the following information on the "Payments to Visiting Lecturers/Panelists Memorandum" form in order for it to be processed.
- Department providing funding
- Payment Amount
- Job Order Number
- Full Name of lecturer
- Social Security Number (SSN) of lecturer
- Home Address of Lecturer
- Date of services performed
- Description of the purpose of service
- Verification of non-government employment status
- Verification of citizenship
- Signatures and Title of authorizing authorities (i.e., PI, Dept. Chair, Dean)
- Telephone contact information (including fax) for the guest.
- 2. Upon receipt of this memo from the Sponsor, the administrative support person will forward the info to the appropriate Sponsored Programs Financial Analyst or Funds Administrator who will assign a miscellaneous document number (MD). Using the information contained in the Memorandum, the SF 1034 must be completed by the administrative support person See Enclosure 2. This SF 1034 must include the signature block for the chair/director and the Director of Fiscal of Operations Comptroller, if signature is required. An Electronic Funds Transfer (EFT) form must be sent to the speaker, and can be faxed back to the department, ensuring timely payment to the guest See Enclosure 3.

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- **3.** The Memorandum and SF 1034 should be forwarded to the chair/director for signature. If the payment is above \$500.00 per day or in excess of \$1,250.00, the two forms are submitted to the School or Division Dean for signature.
- 4. After receiving the approved Memorandum and SF 1034, the admin support person should prepare a package to include the following documents:
- a. "Payments to Visiting Lectures/Panelists Memorandum"
- b. SF 1034
- c. Guest Lecturer's EFT form

The sponsor should then make a file copy. This copy should be date stamped to reflect submission to the appropriate fiscal analyst in the Comptroller's Office.

5. Once a completed and approved package has been received by the Comptroller, it will take ten to fourteen days for payment to be issued.

MEMORANDUM

From: To: Via:		Disbursing Section, DFAS-CHA Comptroller	AR One Bill Pay		
Subj:		PAYMENTS TO VISITING LE	ECTURERS / PANELISTS		
Ref:	(a) (b)	NAVPGSCOLINST 7200. 1 G Honorarium SOP Jun 2002			
	essiona	reference (s), an honorarium in the l services performed at the Naval P visit and the nature of the service to	, Home Address Postgraduate School, Monterey	y, California on	
2. The	() no	lecturer is t an employee of the Federal Gover not a U.S. citizen	rnment		
3. Visit	ing lecti	urer is to travel from(City, State			Com. Air, etc.)
		will not be requested. Cost Estimate f the ITO.	te for ITO (not paid with fee)	: \$	Please
5. Pleas	e		nome address (foreign Lecture payee's bank account via EFT		
(Reque	stor) I c	ertify that services indicated above	were performed.		
(Author	rized Fu	nd Administrator)	(JON)	(Standard Doc.	Number - MD)
(Chairn	nan/Dep	partment/Pl)			
(Divisi	on Dear	n) Above \$500/day or exceeds \$1,2	250		

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 SERVICES OTHER THAN PERSONAL							VOUCHER NO.		
U.	S. DEPARTMENT, BU	REAU, OR ESTAE	BLISHMENT AND LOCATION	ON DA	TE VOUCHER PREPAREI	D			SCHEDULE NO.
				CC	CONTRACT NUMBER AND DATE				PAID BY
				RE	REQUISITION NUMBER AND DATE				
				1					
PAYEE'S									
	NAME AND ADDRESS								DISCOUNT TERMS
	L								PAYEE'S ACCOUNT NUMBER
SH	HIPPED FROM			то		,	WEIGHT		GOVERNMENT B/L NUMBER
	NUMBER	DATE OF	, A	RTICLES OR SERVICE	s	QUAN-	UNIT	PRICE	AMOUNT
	AND DATE OF ORDER	DELIVERY OR SERVICE	(Enter description, i schedule, and d	tem number of contra- other information deer	ct or Federal supply ned necessary)	TITY	COST	PER	(1)
(U	se continuation sheet	(s) if necessary)	(Paye	ee must NOT use	the space belov	v)		TOTAL	
Р	AYMENT:	APPROVED F	OR	EXCHANG	E RATE	DIFF	ERENCES		
L	PROVISIONAL		= \$		= \$1.00				
L	COMPLETE	BY							
L	PARTIAL								
L	FINAL					Amount verified; correct for (Signature or initials)			
PROGRESS						(Signature	or initials)		
D.	ADVANCE Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.								
	arsaunt to authority	vested in me,	r certify that this vouc	ner is correct and proj	or for payment.				
-	(Date)	_	(Authorized Ce	ertifying Officer)			(Т	itle)	
	ACCOUNTING CLASSIFICATION								
	CHECK NUMBER		ON ACCOUN	T OF U.S. TREASURY	CHECK NUMBER		ON (Na	me of ban	ık)
PAID BY	CASH DATE				PAYEE				
	\$						DED		
2		y and authority to	approve are combined in		re only is necessary; oth	nerwise the	PER		
3	When a voucher is r	eceipted in the n	provided, over his officia name of a company or co	orporation, the name of			TITLE		
	corporate name, as v Smith, Secretary", or		city in which he signs, m the case may be.	nust appear. For examp	le: "John Doe Company	, per John			

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Revis Depar 1 TF	Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121 PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL							VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DATE VOUCHER PREPARED							SCHEDULE NO.	
				CONTRACT NUMBER AND DATE REQUISITION NUMBER AND DATE				PAID BY
PAYEE'S NAME								DATE INVOICE RECEIVED
	AND DDRESS						-	DISCOUNT TERMS
	L			-				PAYEE'S ACCOUNT NUMBER
SHIPP	ED FROM		то		,	WEIGHT		GOVERNMENT B/L NUMBER
	NUMBER DATE OF ARTICLES OR SERVICES AND DATE DELIVERY (Enter description, item number of contract or Federa				QUAN- TITY	UNIT	PRICE PER	AMOUNT (1)
PAYI	continuation sheet MENT: PROVISIONAL COMPLETE PARTIAL FINAL PROGRESS ADVANCE	(s) if necessary)	(Payee must NOT u	se the space below	DIFF	verified; corre	FOTAL ect for	
			МЕМО	ORANDUM				
			ACCOUNTIN	NG CLASSIFICATION				
	HECK NUMBER		ON ACCOUNT OF U.S. TREASU	RY CHECK NUMBER		ON (Na	me of ban	k)
PAID BY	ASH		DATE	PAYEE				
•								

EFT INFORMATION SHEET

		SSN:		Grade/Rank:			
(Last,	First, MI)						
Command:		Dept/Div/Curriculum:					
E-MAIL ADDR	RESS:						
(Note: E-m	nail address will be used for Travel V	oucher payment notificati	on, and/or LES o	and NPA distribution.)			
MAILING ADDR	ESS:	PHONI	PHONE NUMBERS:				
		Work Phone:					
		_ Home P	hone:				
Financial Instituti	ion:						
Account Number:							
Type of Account: (Check one only)		,	Checkii	ng			
Routing Number: (Must be 9 digits)							
Purpose of EFT in submission (check	nfo , For TRAVEL	, For TRAVEL CLAIMS payments only. , For regular pay and allowances (DDS) payments only.					
one).		, For ALL types of payments.					
Signature:				Date:			
	PRIVACY	Y ACT STATEM	ENT				
Authority: 5 USC 5701, 37 USC 404-427, EO 9397, 31 USC 3322, 31 CFR 208, 209 AND/OR 210							
Principal Purpose(s):	Used for reviewing, approving, accounting and disbursing for official travel/pay and allowances. SSN is used to maintain a numerical identification system for individual claims. The information is confidential and is needed to prove entitlement of payments. The information will be used to process payment data from the Federal Agency to the financial institution and/or its agent.						
Routine Use(s):	To substantiate claims for reimbursement for official travel.						
Disclosure:	Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed and may delay or prevent the receipt of payments through the Electronic Funds Transfer/Direct Deposit System (EFT/DDS) programs.						